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April 22, 2005

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

Kae Robertson
Managing Director
Navigant Consulting, Inc.

**SUBJECT: KING/DREW MEDICAL CENTER ACTIVITY REPORT – WEEK ENDING
APRIL 22, 2005**

This is to provide you with an activity report for the week ending April 22, 2005 for King/Drew Medical Center (KDMC). This report details activities conducted by the Director of Department of Health Services (DHS) and Navigant Consulting, Inc.

DHS DIRECTOR

- Completed initial Department meetings with Psychiatry, Orthopedics, Radiology and Surgery. Several issues were identified and will be compared with the issues in the Navigant report and DHS equipment lists to see if they have been identified. These include: pay for psychiatrists is greater in DMH than in DHS; need for meeting with Departments of Radiology from UCLA, USC, and Drew to discuss future directions in training and service delivery; need for new CT scanners (faster, higher resolution); and need for new PACS station (Picture Archive Communication System - computer monitors to view digital X-ray images) in the cast room.
- Made rounds in ER, ICUs, NICU, Radiology, Pediatrics, and Medicine. These rounds serve three functions: improve morale by thanking staff for their hard work and progress, learn about what has improved and what needs to improve, and review charts to see if the documentation is up to date and reflects staff physician involvement in decision making and

in supervision of residents. In approximately 20 charts reviewed to date, attending documentation has not only been present but shows evidence of communication among the staff physicians.

- Reviewed a new policy on identification (detection), investigation and communication of adverse events. This policy is in final revision and clarifies for all staff what incidents need to be reported, when and to whom; and how investigations will be conducted.
- Reviewed Navigant progress reports. The Department has constructed a schedule for auditing the contract deliverables. We anticipate the first reports from our Audit and Compliance Division will be available within 30 days.
- Communicated with press regarding signs of improvement and need to recruit in key clinical areas [KNX Radio with Dave Williams; several reporters from LA Times].
- Continued to work on recruitment of key leaders [CEO, Chair of Psychiatry].
- Participated in a forum with elected officials [Supervisor Burke, Congresswoman Waters, representatives from Supervisor Molina, Assemblyman Dymally], KDMC and LA County staff, Navigant Consulting and Drew University [President, Dean, Board members, faculty].

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- ***Pressing Issues***
 - Navigant and KDMC staff are preparing a Plan of Correction for the deficiencies identified in the latest CMS report (Quality Assessment and Performance Improvement, Nursing Services, Pharmacy Services) due May 5, 2005.
 - Radiologist coverage for nights and weekends.
- ***Progress Made in KDMC Quality Turnaround Plan***
 - Sixteen recommendations completed on the KDMC Quality Turnaround Plan (Navigant Report – 1066 total recommendations) between March 11 and April 15 monthly report.
 - Regulatory Readiness Committee was initiated for JCAHO preparation.
 - JCAHO mock surveys were initiated for completed recommendations.
 - Physicians
 - Chair of Surgery and Medicine initiated audit process of their attending physicians' compliance with Resident supervision memo.
 - Chair of Surgery and Medicine initiated audit process of their attending physicians' compliance with new documentation requirements.
 - KDMC Medical Director communicated to Residents expectations for attending physician supervision and involvement in patient care.
 - Nursing
 - Navigant conducted training for Nurse Managers, Nursing Supervisors and Administrators of the Day for Level of Care changes and Event/ Sentinel Event notification.

- Two permanent night supervisors started for the night shift – selected from KDMC staff.
 - Hospital Advisory Board
 - Nominations for HAB officers completed.
 - Quality Committee of the HAB formed.
 - Emergency Department
 - Radiology began transport for Emergency Department patients needing radiology studies – helping to reduce burden on the Emergency Room staff.
 - STAT Laboratory reports can now be printed directly in the Emergency Department – formerly available on screen or printed in the laboratory only.
 - Perioperative
 - Held second Operating Room Governance Committee meeting.
 - Approved Operating Room Scheduling Policy and Procedure which will improve suite utilization.
 - Results of Mock Code Blues in March
 - Ten mock Code Blues were conducted.
 - Advanced Cardiac Life Support protocols were followed.
 - Timely response by all team members has improved.
 - Main area for improvement is nursing response prior to arrival of code team.
 - No new sentinel events month-to-date.
 - No unexpected deaths month-to-date.
- ***Barriers Encountered in KDMC Quality Turnaround Plan***
- Referred 3 medical staff cases and 11 nursing staff cases to DHR for personnel actions this week.
 - During the first three weeks of April the hospital was able to hire the following:
 - 3 Staff Nurses
 - 2 Nurse Managers
 - 2 Pharmacists
 - 2 Pharmacy Technicians
 - 1 Psychiatric Social Worker
 - 1 Utilization Review Nurse
 - 1 Phlebotomy Technician
 - 1 Psychiatric Technician
 - 1 Occupational Therapy Supervisor
 - 5 Support Staff

Please let us know if you have any questions.

TLG:KR:mm

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors